

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

MAR-0-2-2<del>00</del>5

FOR SECRETARY OF STATE USE ONLY )

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

#### 2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L. Corporate ID No. 2. Name of Corporation 48048 Breakfast Nook, Inc., II Street Address Principal Business Office 7.Ip State 4. Business Phone No. 5. State of Incorporation 6. SIC Code 3079 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Strove Addres Street Address 1 Street Address Street Address [[ State YY City II State [1 11 Zip 1 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Street Addre Cuy 11 Z.p State Director Name Director Name Street Address Street Address State Zip Cin State Ζip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) □ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements

rint or Type Name of Officer



(FORM MUST BE TYPED IN BLACK)

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

1. Corporate ID No. 48048	2. Name of Corpo	ration T NOOK II, INC.			·
; 3. Street Address Principal Bu			City	State	17: <sub>0</sub>
575 Kingston Roa			Wakefield	RI	<i>Zip</i> 02882
4. Business Phone No.	<del></del>	5. State of Incorporat	<del></del>		6. SIC Code
783-1555		Rhode Island			3079
7. Brief Description of the Chi To operate a resta		ducted in Rhode Island		<del></del>	<del></del>
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT)   FILL IN SI	PACES BEFORE USING A	TTACHMENTS
Richard Seddon			Richard Seddon		
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·	
196 Spencer Wood	s Drive		.196 Spencer Wo	ods Drive	
City E. Greenwich	State RI	Zip 02818	Ciny E. Greenwich	State RI	Zip 02818
Sccretary Name			Treasurer Name		] 02818
Richard Seddon			Richard Seddon		
Street Address			* Street Address	· · · · · · · · · · · · · · · · · · ·	
Same			Same		
City	State	Zip	City	State	Zip
9 NAMES AND ADDRE	SSES OF THE DID	ECTODE AVERAGA DA			
Director Name	SPES OF THE DIK	ECTORS ("X" BOX FOI	RATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS
! 			4		
Street Address	<del></del>		· Street Address		<del></del>
			•		•
City	State	Zip	•City	State	Zip
Director Name		!	Director Name		
			•		
Street Address			Sireel Address		
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		Lip	•	State	Zip
10. SHARES AUTHORIZ	ZED ("X" BOX FOR.	ATTACHMENT)	11. SHARES ISSUED (")	X" BOX FOR ATTACHMEN	<u></u>
AUTHORIZED SHARES			ISSUED SHARES		<i></i>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 No par value			1,000	Common	None
1		-			
This report must be sign	ed in ink hy aith	ur the Dresident 16	Provident Commenters to	1	1
ins report must be sign	ieu in ink by ellne	er ine Fresideni, vice	President, Secretary, Assi	siani Secretary, Treasi	urer, Keceiver or Truste
11 B15 B1 (51)1 BB	7111 <b>418 6</b> 1 1 <b>5</b> 1				
	IIII ÕIBSI ÄII				
4 6 U	4 0		Under penalty of pe	riury, I declares and affirm	that I have examined
			and that all statemer	g any accompanying sched nts contained herein are tru	lules and statements,
, \_	- 1			and contained netwin are in	ic and confect.
File Date	2105	-		11	1-12-05
Check No. 6	110		Signature of Officer	,	Date
Check No. (0 )		-	Ríchard Se	ddon	

Print or Type Name of Officer

Form 630 12/01

President

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### STOP PLEASE READ INSTRUCTIONS

Form 630 12/02

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1-March 1 • Filing Fee: \$50.00

<b>,</b> , , ,					A. Harana
(FORM MUST BE TYPED OR PRINT					
1. Carparate ID No. 48048	2. Name of Corpore BREAKE	AST NOOK II, I	NC.		
3. Street Address Principal Business 949 Park			<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02910
4. Rusiness Phane No. 461-8880		5. State of Incorporation	Rhode Islan	đ	6. SIC Code 3079
7. Brief Description of the Character To opera	of Business Conducted te a resta				
8. NAMES AND ADDRESS	SES OF THE OFF	ICERS ("X" BOX FOR ATTACE	HMENT) TELL IN SPACES BE	FORE USING ATTACH	MENTS
President Name Richard	Seddon		Vice President Name Richard Sed	don	
Street Address 196 Spen	cer Woods	Drive	Street Address 196 Spencer	Woods Drive	
E. Greenwich	State RI	<sup>Zip</sup> 02818	E. Greenwich	State RI	02818
Secretary Name Richard	Seddon		Treasurer Name Richard Sed	don	•
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACES	BEFORE USING ATTAC	CHMENTS
Street Address			: Street Address		
City	State	Zip	Gity	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZES	D ("X" BOX FOR AT	FACHMENT)	11. SHARES ISSUED ("x"	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 No	par value	•	1,000	Common	None
This report must be <b>sign</b>	<b>ed in ink</b> by eit	her the President, Vice	President, Secretary, Assist	ant Secretary, Treasur	er, Receiver or Trust
					_
			Under penalty)of perju	ry, I dyclase and affirm	that I have examined
			this report including	thy accompanying sched	dules and statements, a
21/10	1		that all statements con	halfood hereigt are true a	nd correct.
File Date:	1		$\frac{\sqrt{\lambda}}{\sqrt{k}}$	In trat	7-27-09
Check No .: _ 5373			Signature of Officer!		Date
GRECK NO.:			Richard Sec	ldon	
15			Print or Type Name of Office		

President

Title of Officer

د ا**حدی** 



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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		: Vice President Name		المام ال المام المام ال
		Kenneth DeMa	***	المراكبية مس
	- · · ·	Street Address	100	- 🚻 — — — — — — — — — — — — — — — — — —
ods Drive	2	196 Spencer	r Woods Driv	
tate		City	State State	Z/05
RT	•	E. Greenwich	рт	02818
		•		
<b>,</b>		Street Address	ldon	
	740		State	Zip
1910	219	City		
•		· Street Address		S 5 C 5
State	Zip		State	<b>्रा</b> शृह्या । ।
				<u>28</u> €2
		Director Name		17 000000000000000000000000000000000000
		· 		DEIVE
		Director Name Street Address		OEIVED
		Street Address		OEIVED
State	Zip	· 	State	OEIVED PATIONS DIV. Zp.
State X* BOX FOR ATTA		Street Address		PH 103
		Street Address  City	BOX FOR ATTACHMENT)	PH 103
		Street Address  City  11. SHARES ISSUED (*x**		PH 103
	RI RI tate OF THE DIREC	RI 02818  tate Zip  OF THE DIRECTORS (*X* BOX FOR A	RI 02818 E. Greenwich Treasurer Name  Street Address  Same  City  OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)  Director Name  Street Address	RI 02818 E. Greenwich RI  Treasurer Name  Street Address  Same  OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  Director Name  Street Address

FILED

FILED

FILED

Check No.:

By JAN 3-2003

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I dec	clare and affirm that I have examined or panying schedules and statements, and
that all statements contained	
Signature of Officer Richard Seddon	Date 19-03
Print or Type Name of Officer President	
Title of Officer	



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### dence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March-1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 48048 Breakfast Nook, Inc., II 3 Street Address Principal Business Office City State ZIp 275 KINGSTOWN ROAD S. KINGSTOWN RI 02879 5. State of Incorporation **RHODE ISLAND** 3079 7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A RESTAURANT ALL PHASES OF THE RESTAURANT INDUSTRY 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name RICHARD SEDDON DIANNE SEDDON Street Address Street Address 196 SPENCER WOODS DRIVE 196 SPENCER WOODS DRIVE City Zip City State EAST GREENWICH RI 02818 EAST GREENWICH RΙ 02818 Secretary Name Treasurer Name SAME AS ABOVE SAME AS ABOVE Street Address SAME AS ABOVE SAME AS ABOVE State Zip Zip SAME AS ABOVE SAME 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) SAME AS ABOVE FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name RICHARD SEDDON DIANNE Street Address SEDDON SAME AS ABOVE SAME AS ABOVE State Zip State Zip SAME AS ABOVE SAME. AS. ABOVE. Street Address Street Address City State Zip Clly State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZZZO SHARES ISSUEE) SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 1000 NO PAR COMMON

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herota are true and correct.

Michael Serth 3/01/02

RICHARD SEDDON

Print or Type Name of Officer
PRESIDENT

Title of Officer

5

Signature of Officer

Form 630 12/01

Date

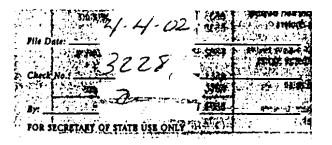


James B. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP

(FORM MUST BE TYPED					
I. Carporate ID No.	2. Name of Corp.	oration		<del></del>	
3. Street Address Principal B	BR	EAKFAST NOOK, I			
			Clty	State	Zip
949 Park	Avenue		Cranston	RI	02910
4. BUSINESS PRONE NO. 461-8880		5. State of Incorporation			6. SIC Code
	haracter of Business Conducte	Rhode Is	Land		3079
	e a restaura	nt. Ding the sugar a naviga	- A - 30/37	· · · · · ·	
President Name			Vice President Name		
Richard S	oddon				
Street Address	eucion		Sneet Richard Se	eddon	
196 Spenc	e Woods Drive	۵	Same		
•		Zip	City	State	Zip
E. Greenw	ich RI	02818			
Secretary Name		* * * * * * * * * * * * * * * * * * * *	Treasurer Name	*********	******************************
Richard S	eddon		Richard Sed	don	
Street Address			Street Address		<del></del>
Same	<del></del>	··-·- <u>-</u>	Same	<del></del>	
City	: State	Zip	City	State	Zip
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Director Name	DAESSES OF THE DI	KECTORS (ASSOCIATION)	Director Name		
Street Address			Street Address		
·			:		•
City	State	Zip	City	State	Zip
	<u>!</u>	i		ı	:
Director Name			Director Name	••••••	************************
· · · · · · · · · · · · · · · · · · ·			<u>:</u>		
Street Address			Street Address		
- ·	—				
City	State	Zip	City	State	Zip
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Number of Shares	Class/Series	Par Value	Number of Shitres	Class/Series	Par Value
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1,000 SHS	NO PAR VALUE	2	. 1,000	Common	No Par
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tins report must be	PIREGRAPH INK DA 6	ither the President, Vice	rresident, secretary, Ass	astant Secretary, Ireasur	er, Receiver or irusted



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

2/27/02 Date

Richard Seddon

Print or Type Name of Officer
President

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## Office of the Secretary of State

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001



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1. Corporate ID No. 48048 2. Name of Corporation

3. Street Address Principal Business Office

Breakfast Nook, Inc., II

275 KINGSTOWN ROAD 4. Business Phone No.

5. State of Incorporation RHODE ISLAND S.KINGSTOWN

City

State

RI

02879 3079

7. Brief Description of the Character of Business Conducted in Rhode Island

TO OPERATE A RESTAURANT.ALL PHASES OF THE RESTAURANT INDUSTRY. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

RICHARD SEDDON

Street Address

196SPENCER WOODS DRIVE

City

Secretary Name

Street Address

City

State

RI

Zip

02818

196 SPENCER WOODS DRIVE

DIANNE SEDDON

State RΙ Zip

02818...

EASTGREENWICH Treasurer Name

Street Address

SAME AS ABOVE

Street Address

SAME AS ABOVE

City

SAME AS ABOVE

EAST GREENWICH

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SAME AS ABOVE 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

RICHARD SEDDON

Street Address

SAME AS ABOVE

SAME AS ABOVE

1,000 SHS NO PAR VAL

**Director Name** 

Street Address

City

State

State

SAME AS ABOVE

DIANNE SEDDON

Zip

SAME AS ABOVE

Director Name

Street Address

Director Name

Street Address

City

State

ZIP

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Por Value

1000

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

COMMON

NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and true and correct.

Signature of Officer

3/01/01

RICHARD SEDDÓN Print or Type Name of Officer

PRESIDENT

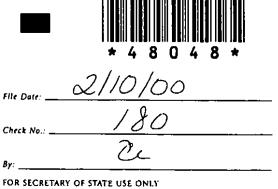
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

## 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

	au.				
FORM MUST BE TYPED IN BLAC . Corporate ID No.	CK)  2. Name of Corporation	• •			
48048	· · ·	ook, Inc., II			
. Street Address Principal Business (		•	City	State	Zig
949 Park AVe	nue		Cranston	RI	<sup>z</sup> 62910
. Business Phone No. 461-8880		5. State of Incorporation RHODE ISLAND			6. SIC Code <b>3079</b>
. Brief Description of the Character	of Business Conducted in Ri	ode Island			
TO OPERATE A RE B. NAMES AND ADDRESS Tresident Name	ESTAURANT. A SES OF THE OFFICE	LL PHASES OF RESTRICTION OF STREET	THE RESTAURANT MENT) FILL IN SPACES BE Vice President Name	INDUSTRY. EFORE USING ATTACH	IMENTS
RICHARD SEDDON treet Address			DIANNE SEDDON Street Address		
196 SPENCER WOO	DDS DRIVE	Zip	196 SPENCER W	OODS DRIVE	Zip
EGREENWICH	<b>R</b> . I	02818	EGREENWICH Treasurer Name	R I	02818
RICHARD SEDDON			DIANNE SEDDON Street Address		
SAME AS ABOVE	State	Zip	SAME AS ABOVE	State	Zip
SAME AS ABOVE D. NAMES AND ADDRESS Director Name	SES OF THE DIRECT	FORS (*X* BOX FOR ATTAC	SAME AS ABOVE CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
RICHARD SEDDON			DIANNE SEDDON Street Address		
SAME AS ABOVE	State	Zip	SAME AS ABOVE	State	Zip
SAME., AS., ABOVE	• •	• • •	SAME AS ABOVE		
itreet Address			Street Address		
City	State	Zip	City	State	ZIp
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lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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Under penalty of perjury, I doclary and affirm that I have examined this seport, including any accompanying schedules and statements, and that all statements contained berein are true and correct. 1/25/00

Signature of Officer Date

RICHARD SEDDÓN

Print or Type Name of Officer PRESIDENT Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: Januar	y 1-March 1 •	Filing Fee: \$50.00	•	•	INSTRUCTIO		
(FORM MUST BE TYPED IN BL							
1. Corporate ID No. 48048	2. Name of Corporate Breakfast N						
3. Street Address Principal Busines	ss Office		City	State	Zip		
275 KINGS	TOWN ROAD		SO. KINGSTOWN	R.I.	02879		
4. Business Phone No.		5. State of Incorporation RHODE ISL			6. SIC Code 3079		
7. Brief Description of the Charact TO OPERAT			SES OF THE RESTAURA	ANT INDUSTRY			
8. NAMES AND ADDRE President Name	SSES OF THE OFFI	CERS ("X" BOX FOR ATT	Vice President Name		IMENTS		
RICHAR	D SEDDON		DIAN	DIANNE SEDDON			
Street Address QC CAD	DY ROCK ROA	D .	Street Address SAME				
City	State	ZIp	City	State	Zip		
NO. KINGSTOWN	R.I.	02852	SAME				
Secretary Name	*************		Treasurer Name	••••••••••	•••••		
RICHADR SEDDON			DIANNE SED	DON			
Street Address			Street Address		<u> </u>		
SAME AS AB	OVE		SAME				
SAME	State	Zip	City SAME	State	Zip		
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS (*X* BOX FOR	ATTACHMENT) C FILL IN SPACES B	EFORE USING ATTA	CHMENTS		
Director Name RICHARD			Director Name DIANNE	<u> </u>			
Street Address SAME AS			Street Address SAME	AS ABOVE			
City	State	Zip	: City	State	ZIp		
SAME	•		SAME				
Director Name	••••••	•••••	Director Name				
Street Address			Street Address	<u></u>			
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ('X'	BOX FOR ATTACHMENT)	<u></u>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 SHS NO PAR			1000	COMMON	NO PAR		
This report must be <b>sig</b>	ned in ink by eith	er the President, Vi	ce President, Secretary, Assista	nt Secretary, Treasu	rer, Receiver or Trus		
	4 8 0 4 8		Under penalty of perjur	y declare and affirm	that I have examined		

		Under penalty of perjury, I declare and affir	ım
	1 1	this report, including appy accompanying sc	he
File Date:	<u>llb 22 199</u>	that all statements continued herein are tru	e
Check No.:		RICHARD SEDDON	
By:		Print or Type Name of Officer PRESIDENT	
FOR SECRETARY OF STATE U	SE UNLY	Title of Officer	

dules and statements, and and correct. 1/30/99 Dote



James R. Langevin, Secretary of State Corporations Division 100 North Main Street; Providence, RI 02903-1335 401-277-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

STOP
PLE SERE, UP
INSPRECTIONS

(FORM MUST BE TYPED IN BLACK)	
1. Corporate ID No.	2. Name of Corporation

3. Street Aduress Principal Business	<sub>Office</sub> Breakfast N	ook, Inc., II	City	State	Zip
275 KINGSTO	WN ROAD	S. State of Incorporation	SO. KING	STOWN R.I.	02879 6. SIC Code
7. Brief Description of the Character	of Business Conducted in	Rhode IsRHODE ISLAI	ND		3079
	RESTAURANT.	. ALL PHASES	OF THE RESTAU	RANT INDUSTRY.	
RICHARD SE	DDON	·	DIAN Street Address	NE SEDDON	
2C CADDY R	OCK ROAD	Zip	SAME City	State	Zip
NO KINGSTOWN Secretary Name	R.I.	02852	SAME Theasurer Name		
RICHARD SE Street Address SAME AS ABO			DIA Street Address SAME	NNE SEDDON	
City SAME	State	Zip	City	State	Zip .
9. NAMES AND ADDRES Director Name	SES OF THE DIRE	CTORS (*X* BOX FOR A	TACHMENT) Director Name		
RICHARD S	EDDON		Street Address	NE SEDDON	
City SAME AS ABO	VE State	Zip	SAME A	AS ABOVE State	Zip
SAME. Director Name			SAME Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSU	ED (*x* box for attachment	r)
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR \	VAL		1000	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:	* 4 8 Q	18/91
Check No.:	1617	
Ry:	VI VI	
FOR SECRETARY	OF STATE USE ONLY	

Under penalty of perfury. Deplace and affirm that I have examined this report, including any argompanying schedules and statements, and that all statements contained herein are true and correct.

1/6/-98

Signature of Officer Date

RICHARD SEDDON

Print or Type Name of Officer

PRESIDENT



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

#### PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

I. Corporate ID No.

4. Business Phone No.

2. Name of Corporation

48048

Breakfast Nook, Inc., II

3. Street Address Principal Business Office

275 KINGSTOWN ROAD

5. State of Incorporation RHODE ISLAND

Zip

RI

02879 6. SIC Code

3079

7. Brief Description of the Character of Business Conducted in Rhode Island

TO OPERATE A RESTAURANT. ALL PHASES OF THE RESTAURANT INDUSTRY.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

RI

President Name

City

Vice President Name

City

RICHARD SEDDON

Street Address

2C CADDY ROCK ROAD

DIANNE SEDDON Street Address

**DIANNE SEDDON** 

DIANNE SEDDON

SAME AS ABOVE

SO. KINGSTOWN

SAME

City

SAME

Treasurer Name

SAME

Director Name

Street Address

RICHARD SEDDON

Street Address

Secretary Name

NO. KINGSTOWN

SAME AS ABOVE

City

SAME

State

02852

SAME · City

Street Address

State

State

Zip

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

RICHARD SEDDON

Street Address

SAME AS ABOVE

City

SAME

Director Name

Street Address

City

State

State

Zip

City

SAME

· Director Name

Street Address

City

State

State

Ziρ

Zip

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

Zip

ESSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VAL

1000

COMMON

NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of peclury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements copplained herein are true and correct.

Date

3/1/9**7** 

KICHARD SEDDON Print or Type Name of Officer

PRESIDENT

### **PROFIT CORPORATION ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

		PLEASE TYPE OR	PRINT IN BLACK INK.		
1. CORPORATE ID NO.	2. NAME OF CORPORATION			· · · ·	,
48048	Break	fast Nook, Inc.	, II		:
3 STREET ADORESS PRINCEPAL BUSINESS (	HFICE .		(ah)	STATE	ZIP CODE
75 KINGSTOW	N ROAD		SO.KINGSTOWN	RI.I,	ì
4 BUSHVESS PHONE NO		3. STATE OF INCORPORATION RHODE IS	CIAND	· · · · · · · ·	6 SC 0006
		RAODE 1.	PLAND		307.9
7. BRIEF DESCRIPTION OF THE CHARACTER (	F BUSINESS CONDUCTED IN RHOOF	SÚVO		·····	
TO OPERATE	A RESTAURAN	r. ALL PHASE	S OF THE RESTAU	RANT INDUSTR	Υ.
the second secon	8 N A	MES AND ADDR	ESSES OF THE O	FFICERS	
RICHARD SED	DON		VICE PRESIDENT NAME	NI	1
STREET ADDRESS		<del></del>	; DIANNE SEDDO	IN	
2C CADDY RO	CK ROAD		SAME		, 1
Δίγ	STATE	ZIP COOE	สห	STATÉ	ΣP CODE
NO. KINGSTO	WN R.I.		SAME TREASURER NAME		
RICHARD SED	DON		DIANNE SEDDO	N	•
STREET ADDRESS			STREET ADDRESS	<u> </u>	<del></del> j
SAME			SAME		į į
SAME	STATE	ZIP CODE	CAME	STATE	21P COOK
SAME		MES AND ADDS	SAME	LRECTORS.	
DIRECTOR NAME			DORECTOR NAME		
RICHARD SED	DON	_	DIANNE SEDDO	N	i
STREET ADDRESS		•	STREET ADDRESS		
SAME	STATE	1 Zup COO€	SAME	STATE	120 €00€
SAME			SAME		
DIRECTOR NAME		<del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>	DIRECTOR NAME	······································	
STREET ADDRESS			STREET ADDRESS		1
i inical mounicas			SINCELADOMESS		•
air	STATE	<u>25° €00₹</u>	any	STATE	22º C30t
! 					
	10. S	HARES AUTHOR	ILZED AND ISSUEI		
1 January or Culture	AUTHORIZED SHARES			ISSUED SHARES	T
NUMBER OF SHARES	CLASS / SERTES	PRR VALUE	MUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	NO PAR VAL		1000	COMMON	NO PAR
	<del></del>	<del></del>			<del>-</del>
;					1
· · · · · · · · · · · · · · · · · · ·					
Pro			<b>GNED IN INK</b> by either t stant Secretary, Treasure		30
	olderit, vide i test	dent, occidially, 7331	·		
			Under penalty- report, includin	of perjury, I declare and g any accompanying sci	affirm that I have examined this ledules and statements, and that and correct.
ı <i>f</i>			all statements	Contrilined harein are vive	and correct.
File Date: 3/11/6	36		() ]	Kel Kife	
File Date: 3/11/	,	•	Signature of Of	ficer	
Check No:	1074		_RICHARD	_seddon	
	<b>,</b>		Print or Type N		
By:	r		PRESIDE	INT	3/11/96 (CA)
For Secretary of	State Use Only	`	Title of Officer	· - · - · - · - · - · - · - · - · - · -	Date

# State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00 Make Checks Payable to: Secretary of State

### ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0045048	Annual Report for the year:1995
Name of Corporation: 5reakfast Nook	
Business entity organized under the laws of the State of: _R _ I For foreign entity, address and telephone number of principal office:	[X] Business Corporation (See RIGL Chapter 7-1.1)
Phone: () Address and telephone of the principal office of business entity in Ri Island (Provide street address - Not P.O. Box): 575_KINGSTOWN_ROAD 60KINGSTOWN_R.I02879	OT THE RESTAURANT-INDUSTRY.
Phone: ( )	
PRESIDENT THE NA	MES OF THE OFFICERS ARE:
	ROCK ROAD, NO.KINGSTOWN, RHODE ISLAND
DIANE M. SEDDON SAME	ROCK ROAD, NO.KINGSTOWN, RHODE ISLAND  STREET ADDRESS CHY/STATE ZIP CODE  AS ABOVE
SECRETARY	STREET ADDRESS CITY/STATE ZIP CODE
TREASURER SEDDON SAME	AS ABOVE STREET ADDRESS CITY/STATE (RECORD)
DIANE M. SEDDON SAME	AS ABOVE
NAME THE NAM	MES OF THE DIRECTORS ARE:
RICHARD SEDDON 2C CADDY	ROCK ROAD, NO.KINGSTON, RHODE ISLAND
DIANE M. SEDDON	STREET ADDRESS CITY/STATE ZIP CODE  SAME AS ABOVE
NAME	STREET ADDRESS CITY/STATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Series	Number of Shares Class / Series
1000 COMMON	1000 COMMON
DateFEBRUARY 14, 19 95	By: RICHARD SEDDON
Form 31 1/95	TITLE OF OFFICER SIGNING
DESIGNATED REGIST	ERED AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent ind	ficated below is incorrect, Form 9 must be filed.

RICHARD J. SEDDON 575 KINGSTOWN RD. SOUTH KINGSTOWN RI 02879 FEB 2 8 1995 By CON 844 Filing Fee \$50.00 Payable to: -Secretary of State

#### PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations

File Annually LLC. Sept. 1 - Nov. 1 CORP. Jan. 1 - March 1

#### Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

0048048 Corporate ID: \_\_. Annual Report for the year: \_ Breakfast Nook, Inc., II Name of Business Entity: \_\_\_ -----Business Entity is (check one): RI Business entity organized under the laws of the State of \_ [X] Business Corporation (See RIGL Chapter 7-1-1) Federal Taxpayer Identification Number [ ] Professional Service Corporation (See RIGI, Chapter 7-5/1) [ ] Limited Liability Company (See RIGL 7-16) For foreign entity, address and telephone number of principal office: Name, title and mailing address of contact person to whom communications may be directed. Richard J. Seddon President 2C Caddy Rock Rd, No.Kingstown, RI Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box). Brief statement of the character of business conducted in Rhode Island. 575 Kingstown Rd., So. Kingstown, RI To operate a restaurant. All phases of the restaurant industry Date of Organization: .. \_\_8/.18/88\_ Date of Qualification to do business in Rhode Island (if foreign entity) Phone: ( THE NAMES OF THE OFFICERS ARE: CHIEF EXECUTIVE DUTICER OR TO RESIDENT (Ches. Onc.) CHISTATE Z:P CODE 2C Caddy Rock Road, No.Kingstown, Rhode Island Richard Seddon CHIEF OPERATING OFFICER OR XVICE PRESIDENT (CICAL DEL STREET ADDRESS CITYSTATE Diane M. Seddon same as above LI CUSTODIAN DE RECORDS ON ASSECSE FARY ICNAS DE I STRUCT ADDRESS Richard Seddon same as above ZIPCODE CHITS FINANCIAL OFFICER OR K TREASURER (CSALOHO STREET ADDRESS CUYSTATE Diane M. Seddon same as above THE NAMES OF THE DIRECTORS ARE: นากสาร<del>สม</del> NAME STRUET ADDRESS Richard Seddon same as above NAME 2248CCA 1448T2 CITYATATE 212 COSE Diane M. Seddon same as above NAME STREET ADDRESS CHARLE ZIP CODE NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER NUMBER 1000 1000 CLASS CLASS common common SERIES SERIES PAR VALUE OR PAR VALUE OR No Par No Par WITHOUT PAR WITHOUT PAR <u>Feb ... 3,</u> . 19\_94\_\_\_ ву <u>Richard Seddon</u>

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

429 mine

Corporate ID	0048049	. Annual Report for the	year 1993		
First: The name	of the corporation is		Breakfast Nook, Inc., II		
	-	of Rhode Island			
		is To operate a restaura			
		its principal office			
FIFTH: Business a	ddress in Rhode Island	575 Kingstown Rd. So. Ki	ngstown, RI		
SIXTH: Names ar	nd addresses of its directors		(Attach rider if necessary		
Richard J.	Seddon Directo	2C Caddy Rock Rd.	No, Kingstown, RI		
Dianne M. S	eddon Directo	0.me			
***************************************	Directo	r			
Richard J.	Seddon Presider	nt same as abov	e		
Dianne M. Se	eddon Vice Pre	esident same as abov	e		
Richard J. S	Seddon Secretar	y same as abov	e		
Dianne M. Se	eddon Treasur	er same as abov	e		
SEVENTH: Numb	er of Shares authorized:		Par Value		
No. of Shares	Class	Senes PÅID	or statement that shares are without par value		
1000	common	• • •	no par		
		FEB 1 2 1993	P. P.		
Еіднтн: Numbei	of Shares issued:	SEC'Y OF STATE	Par Value or statement that		
No. of Shares	Class	Series	shares are without par value		
1000	common	1	no par		
Dated	2/8 1993	Breakfast Nook II,	Inc.		
		(Name of Corporation)  By			
(Ranort must b	e signed by an officer)	Title ( )	••••••		
(report must o	e signed by an officer)	1 IIIC	••••••		

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

149R.D.

Corporate ID004.80	48	Annual Report for th	Annual Report for the year 1992		
		akfast Nook II			
SECOND: It is incor	porated under the laws of	Rhode Island To operate a restaur			
phases of the	restaurant industry	7.*			
		rincipal office			
	dress in Rhode Island5.7.5	Kingstown Rd., So. K	ingstown, R.I.		
SIXTH: Names and	addresses of its directors and		(Attach rider if necessary)		
Richard J. Sedo	don Director	2CCaddy Rock Road.	N. Kingstown, R.I.		
Diane M. Seddo	n Director	····same··as···above······			
	Director				
	don President				
Diane M. Seddo	nVice Presid	entsameasabove			
Richard J. Sed	don Secretary	sameasabove			
Diane M. Seddo	nTreasurer	same as above	······································		
Seventh: Number	of Shares authorized:		Par Value or statement that		
No. of Shares	Class	Series	shares are without par value		
1000	common	PAID	no par		
		MAR 0 2 1992			
Eібнтн: Number o	f Shares issued:	SEC'Y OF STATE	Par Value or statement that		
No. of Shares	Class	Series	shares are without par value		
1000	common		no par		
Dated 2/2		Breakfast Nook II.	<i>f)</i>		
		BC Services	2		
(Report must be s	igned by an officer)	Title President			

Form 31 1/85

## State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Cornorate ID	44604 PROVIDENCE, I	RHODE ISLAND 02903 Annual Report fo	or the year 1991
		λ,	nc., II
THIRD: Characte	er of business, briefly stated, is.	To operate a resta	aurant. All
FIFTH: Business	address in Rhode Island5.	7.5Kingstown Rd.,So.	.Kingstown, RI
SIXTH: Names a	and addresses of its directors and		(Attach rider if necessary)
	on Director	_	Rd., No.Kingstown, R.I. bove
	on President	sameasab	o <b>ve</b>
	n Vice Presidon Secretary		ove
Dianne-MSeddo	nTreasurer		bove
SEVENTH: Numl	ber of Shares authorized:		Par Value or statement that
No. of Shares	Class	Senes	shares are without par value
1000	common	SEP	no par  6 1997  Par Value or statement that shares are without par value
Eighth: Number	er of Shares issued:	3ECY O	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000	common		no par
Dated	sept5., 19 94	The Breakfast Noo (Name of Corporation)  By	k,/Inc.,II
(Report must	be signed by an officer)	Title Spo.	

To be filed annually between

# January Lerand March 1st State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

FIRST: The name of the corporation is		Annual Report for the year 1990		
		Breakfast Nook, Inc., II		
	of business, briefly stated, is	_	aurant. All phases	
FOURTH: If foreign	a corporation, address of its pr	incipal office		
Fifth: Business ad	dress in Rhode Island575	Kingstown Road, S	South Kingstown, Rhode Isla	
SIXTH: Names and	addresses of its directors and		(Attach rider if necessary) uding number, street, zip code)	
Richard J. Sedd	lon Director	2C Caddy Rock F	Rd., NoKingstown, R.I.	
Dianne M. Seddo	on Director	Same as Above		
•••••••••••••••••••••••••••••••••••••••	Director	•••••	······	
Richard J. Sedd	on President	Same as Above		
Dianne M. Seddo	nVice Preside	nt Same as Above		
Richard J. Sedd		Same as Above		
Dianne M. Seddo	nTreasurer	Same as Above		
Seventh: Number	of Shares authorized:		Par Value	
No. of Shares	Class	Series	or statement that shares are without	
1000	Common		par value	
EIGHTH: Number of	of Shares issued:	P Series	no par  A1D  Par Value  Overstement that  par value  par value  no par	
1000	Common	SEC	no par	
Dated Marc	······································	Breakfast Nook,	Inc. II	
(Report must be s	organical officer)	me 3 *	•••••••••••••••••	

Form 31 1/85

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	48048	Annual Report fo	r the year 1989	
First: The name	of the corporation is			
SECOND: It is inco	orporated under the laws of	Rhode Island		
THIRD: Character	of business, briefly stated, is	To operate a resta	aurant, All phases	
of the res	taurant industry.			
•			<u></u>	
575 Kingstow	nRoadSouth.Kings:	townRhode.Island.	02879	
SIXTH: Names and	d addresses of its directors and		(Attach rider if necessary)	
Richard J. Seddon	Director	2C. Caddy Rock Ro	lNoKingstown, R.I. 028	
Dianne M. Seddon	Director	Same as above		
	Director			
Richard J. Seddon	President	Same as above		
Dianne M. Seddon	Vice Presid	ent .Sameasabove		
Richard J. Seddon	Secretary	Same as above		
DianneMSeddon	Treasurer	Sameasabove		
SEVENTH: Numbe	r of Shares authorized:		Par Value	
No. of Shares	Class	Series	or statement that shares are without par value	
1,000	common		NO Par	
Еіднтн: Number	of Shares issued:		Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
1,000	common		no par	
Dated5./.	·	Breakfast Noo. Inc. (Name of Corporation)	J. II	
(Report must be		Title TKRS		